## **JACKSON TOWNSHIP**

## **Application for Tradeperson Licensing**

License #	Date
Name	
Address	
Telephone #	Cell Phone #
Contractor's Federal or State Identification Num	ber
Number of Years in Business	Number of Employees
Type of Licensing Desired (Check one) Ger	neral Contractor
Have you ever appeared before a Code Hearing l	Board for a violation? (Check one) Tyes No
If yes, please explain	
W. C. Insurance Co.	W. C. Policy #
List the name, address and phone number of two	(2) reputable contractors who will attest to the quality of your work:
1. Name	Address
	Phone #
	Address
	Phone #
Licensed in other Municipality Tes No	Where?
	Signature
Enforcement Official Comments	
Contractor's Licensing Fee: \$125.00	

MAIL THIS FORM ALONG WITH PAYMENT AND PROOF OF INSURANCE TO:

JACKSON TOWNSHIP ZONING JACKSON TOWNSHIP MUNICIPAL BUILDING 1275 HUNTSVILLE ROAD JACKSON TOWNSHIP, PA 18708